

Congressman Jim Renacci
College Internship Application Form

Name: _____

Date of Birth (MM/DD/YY): _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Expected Date of Graduation (MM/YY): _____

Current Academic Year (check one): Freshman Sophomore Junior Senior

Major(s)/Minor(s): _____

Will you receive credit for this internship (check one): Yes No

Please list any special requirements for your internship: _____

Which internship class are you applying for: Spring Summer Fall

Please outline your availability: Office hours 8:30 am to 5:00 pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					

Please list your emergency contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

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On a separate page, please answer the following questions:

1. Why do you want to be an intern for Congressman Jim Renacci?
 2. What special skills, interests, or ideas do you think you can contribute?
 3. Describe any previous or current involvement including work, activities, and/or volunteer experiences.
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Please attach your resume, 3 letters of recommendation, and a writing sample.

I certify that the information provided on this application is complete and accurate.

Student Signature: _____ Date: _____

Please return application materials to the following address:

Congressman Jim Renacci
Attn: Internship Coordinator
4150 Belden Village Street NW, Suite 408
Canton, Ohio 44718